

FIRST REPORT

OF THE

MEDICAL COMMITTEE

OF THE

CHARITY ORGANISATION SOCIETY

WITH

Rules for Provident Dispensaries

ADOPTED BY THE COUNCIL

OCTOBER 30, 1871

SECOND EDITION

LONDON

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AND AT THE

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PROVIDENT DISPENSARIES.

THE MEDICAL COMMITTEE of the CHARITY ORGANISATION SOCIETY was appointed by a Resolution of the Council, dated March 17, 1871, to deliberate and advise with reference to Medical Charities, and consisted at first of the following gentlemen:—Dr. Hawksley, Dr. A. P. Stewart, Mr. Fairlie Clarke, Mr. J. B. Curgenven, and Mr. Alsager H. Hill.

Power was afterwards given to it to add to its numbers, and the following four gentlemen have been added:—Dr. Ford Anderson, Dr. Heywood Smith, Mr. W. Spencer Watson, and Sir Charles Trevelyan, K.C.B.

The Committee has met fifteen times, and it has given particular attention to Medical Provident Institutions. In order to obtain the best information on this subject, it invited several gentlemen, who are connected with existing Provident Dispensaries, to meet it in conference; and the Rev. H. F. Mallet, Dr. Westmacott, Mr. E. P. Young, Mr. Walter Smith, Mr. F. H. Gervis and Mr. Conquest have most kindly attended some of its sittings, and given it the benefit of their experience and advice. The Committee has also received valuable suggestions from Dr. Rumsey (Cheltenham), Dr. Nankivell (Torquay), Dr. Ogle (Derby), Dr. Heslop (Birmingham), Dr. McVeagh (Coventry), Mr. Beck (Northampton), Mr. Jonathan Hutchinson, and the Rev. J. F. Kitto.

Before using any means to increase the number of Provi-

dent Institutions, the Committee thought it best to go through the rules of the existing Provident Dispensaries, and to draw up a code of laws which they could put into the hands of those who were anxious to start such institutions, and which they could recommend as the best that can be devised by the united experience of the Provident Dispensaries which are already in operation. In this work they have received most valuable assistance from the gentlemen who have just been named, and to them they return their sincere thanks.

As the result of its labours the Committee now lays before the Council the accompanying code of laws with appendices.

The rules which the Committee recommend have been framed so as to admit into the Managing Committee of the Dispensaries a certain proportion of the benefited members, who should act as representatives of the whole body. In this way they would have an opportunity of expressing the wishes of the members and making suggestions. This is a comparatively new feature in the government of Provident Dispensaries, but it has been already adopted at Hampstead, Wandsworth and elsewhere, with considerable success. The Committee hope that the time may come when Provident Dispensaries will be entirely self-supporting, and when the management may rest altogether with the members. But at present it does not seem right to take the control of them out of the hands of those who have set them on foot from motives of wise benevolence, and without whose aid they could not maintain themselves in a state of efficiency.

The Medical Committee trust that this code of laws will meet with the approbation of the Council, and that they will give it the weight of their sanction. The more the Committee have considered the pauperising influences of the existing medical charities, the more fully are they persuaded that the most hopeful remedy is a large extension of the provident principle.

By a reference to Low's Handbook it will be seen that the sixteen General Hospitals of the metropolis are credited

with a total of 541,775 out-patients during the year 1870, to say nothing of the attendances at special Hospitals and Dispensaries. Of this number there can be no doubt that many are well able to defray the charges of a local practitioner, while a still larger number are in a position to pay the 6s. or 8s. a year, which is all that the Provident Dispensary demands. In return for this trifling outlay, the member is entitled to receive advice and medicine when he is ill; and he can obtain the same advantages for his wife and children upon still easier terms. Probably, of the hundreds of thousands who frequent the out-patient waiting-rooms of our Hospitals, only a very small proportion are unable to pay anything for themselves, and it may be a question whether these ought not to be directed to the Poor Law Dispensaries. It is the out-patient departments of Hospitals that are most abused, and it is in these departments that your Committee desire to see the indiscriminate relief at present given largely curtailed. They believe that this could be done without seriously affecting the supply of cases which are needful for clinical instruction (at those Hospitals which have medical schools attached to them), and without limiting the true province of Christian charity.

Under present circumstances, when there are in the metropolis about eighty free Hospitals and Dispensaries to which the artisan or labourer can turn at any moment, and which may almost be said to be bidding against one another for his patronage, it is obvious that the inducements to providence and self-reliance are entirely taken away.

This state of things your Committee regard as a very great evil; and they believe that there is no one class of charities which is doing so much to pauperise the population, to undermine their independence and self-respect, and to discourage habits of providence, as the medical charities. The Committee are well aware of the great benefit that these institutions, if properly used, are capable of conferring upon the humbler ranks of our population. These benefits it would be difficult to exaggerate. But the Committee deplore the almost indiscriminate relief

which is given—an evil which is fostered by the present method of appealing for subscriptions by advertising the numbers who are admitted week by week, or year by year. It cannot be too strongly urged upon the attention of the public, that the mere statement of the number of applicants to a Hospital forms no proper index to the amount of good which it does: nay, rather it may tell in the opposite direction; for the highest good is to discriminate the cases, to weed out those that are unsuitable, and to give relief only to that comparatively small number who are really fit applicants, and to whom the advice and medicine thus given will be an unmixed boon. It is the ability of its staff, the skill of its nursing, the excellence of its general arrangements, and the wisdom of its benevolence, which ought to recommend a Hospital to the support of the public, and not merely the numbers who have passed through its consulting rooms in a week or a year. The Committee are of opinion that the applicants to any Hospital might easily be discriminated by means of some such agency as that which your Society has set on foot; and that Hospitals would not act unwisely if they were to lay down some such rule as this—that, with the exception of accidents and cases of emergency, all applicants should pass through the District Office of your Society. Your officers are acquiring an intimate knowledge of the poor of their districts, and a little practice would soon enable them to judge which were suitable cases for the Hospital, which ought to be sent to the Poor Law Dispensary, which to the Provident Institution, and which were above the level of all these means of assistance. Your Committee believe that this system, or some modification of it, is the only one which will serve to stay the abuses of out-patient hospital relief. They have heard with pleasure that in some districts isolated cases have been referred for investigation from large Hospitals to your District Committees; but until all applicants have, as a matter of course, to pass before an officer whose duty it is to investigate the cases, and who is specially qualified for this work, they believe that it will be impossible to put a check upon the present evils.

If, however, this were done, they feel sure that it would not merely rid the Hospitals of many abuses, but that it would enhance the value of all the charities in the neighbourhood, by directing to each the particular grade of applicants which it is designed to assist.

But while the Committee are anxious to exclude unsuitable applicants from our Hospitals, they are equally desirous of seeing Provident Institutions opened, where the industrious poor could get good advice and medicine on terms proportioned to their wages. At present there are in the metropolis, as we have said, about eighty Hospitals and Dispensaries which are practically free; but there are only about a dozen Provident Dispensaries. That is to say, there is one free Hospital or Dispensary for every 44,000 of the population, while there is only one Provident Dispensary for every 300,000; and yet the success which has attended these institutions in Derby, Coventry, Northampton and elsewhere, shows that they can flourish when in the proportion of one to 40,000 inhabitants. In other words, the metropolis might well be expected to support more than seven times as many as it now has.

But, it may be replied, are there not many benefit clubs where the working-classes make a weekly payment, and which undertake to support them in time of sickness? True, there are many such benefit clubs, which give members a weekly subsidy during illness, but the medical arrangements of these clubs are of the most unsatisfactory kind. In the first place they admit only *men*. Very few indeed, make any provision for attending the wives and children of members during sickness; and yet it is these who most frequently require medical treatment. Again, many artisans and labourers are altogether excluded from the benefit clubs because the trades at which they work are injurious to health or dangerous to life. Again, many clubs have no medical man attached to them, and send their members, as a matter of course, to the nearest Hospital or Dispensary, thus tending to pauperise a high class of work-people.

It is evident, therefore, that the benefit club serves most

imperfectly to meet the wants of the industrious poor in time of sickness. But the Provident Dispensary seems exactly suited to their requirements. It offers good medical attendance and medicine at a price which even the day-labourer can afford to pay; it receives all comers—men, women, young persons and children—who are not earning more than a fixed sum per week; and it rejects none because their manner of life is beset by more than ordinary risks. While at the same time its moral effect is excellent, for it tends to encourage habits of forethought and self-reliance.

For these reasons the Committee are anxious to see a large increase in the number of Provident Dispensaries, both in the metropolis and throughout the country; and if these Provident Dispensaries could be connected together so that the artisan, the labourer, the domestic servant, and the factory girl might find an institution at hand, of which they would be considered members, wherever personal circumstances or the demand for labour might lead them, the Committee believe it would be an incalculable boon to the working-classes. At present, under the club system, it frequently happens that a workman is unwilling to leave a particular district because he would thereby lose the benefits of his club; or, if he does follow the demand for labour, and go to another part of the country, being far from the head-quarters of his club, he is tempted to apply to charitable institutions *in formâ pauperis*.

The success which has attended the Provident Dispensaries in the central parts of London has hitherto not been such as their friends could desire. But this is easily accounted for, if we remember two things—(1) They have been placed in competition with an excessive number of free medical charities; and (2) Their honorary subscribers do not obtain the right of recommending patients, which as Governors of purely charitable institutions, they have been accustomed to exercise. Their money must be given simply for the support of the institution, and not to gain advantages for themselves. That Provident Dispensaries herein act upon a principle which is gaining ground, is shown

by the letter from the Secretary of St. George's Hospital which has lately appeared in the *Times*, in which he announces that the Governors of that institution have given up their right of recommending out-patients, because it was liable to so much abuse.

The Committee believe that the Charity Organisation Society affords an agency remarkably well fitted for thus extending the provident principle. One of the great hindrances which those who desire to reform our medical charities have to contend with is the difficulty of bringing about concerted action among the leading Dispensaries and Hospitals; but your Society offers facilities for this purpose which have never before existed. The Committee would therefore submit the following suggestions as to the line of action which the Society might take :

1. To draw attention to the abuses of the medical charities, and to indicate, as the appropriate remedy, a large development of the provident principle. Also to advise the public to support the existing Provident Dispensaries in preference to those which stand on a purely eleemosynary footing.

2. Through its District Committees to draw the attention of the managers of Hospitals to the facilities which the Charity Organisation Society offers for investigating doubtful cases; or even to suggest that all applicants for out-patient treatment (except accidents and cases of emergency) might easily be thus sifted, either by your District Office or by an officer of the Hospital specially appointed for the purpose.

3. The Committee further suggest, that, wherever it is possible, the local Provident Dispensaries should be affiliated to the Hospital of the district, as has been done at Devonport, so that members might be entitled to the advantages of hospital treatment, if it were deemed necessary. This plan of affiliation might also be extended to the Poor Law Dispensaries; and in this way the Hospitals would be protected against their present abuses, while their importance as centres of medical education would be increased rather than diminished.

4. Through its District Committees to induce the Governors of existing free Dispensaries to consider whether they might not with advantage convert their institutions into Provident Dispensaries—a step which has already been taken at the Westbourne Dispensary, Bayswater, and at one or two others in the provinces. The existence of the free Dispensaries has greatly retarded the development of the provident principle; and they seem to be less needed than ever, now that Poor Law Dispensaries are being opened in various parts of London.

5. In some districts where there is an urgent want of a Provident Dispensary, the Local Committee might, perhaps, take the initiative in the formation of such an institution.

6. As it is the opinion of the Committee that these suggestions can only be carried out by combined action, they advise that a Conference of the Governors and Medical Officers of Hospitals and Dispensaries should be called by the Council at as early a date as possible.

Your Committee have not been unmindful of other evils connected with the administration of medical charity, but in this Report they have thought it best to confine their remarks to one subject, viz. the development of the provident principle; for this, they believe, is that which is most urgently needed, and that which is most likely to strike at the root of those abuses which have now become notorious, and which it is the object of your Society to remove.

NOTE.—Copies of the Reports of the Committee and Sub-Committees appointed March 1870 at a Meeting of upwards of 150 Members of the Medical Profession, to enquire into the subject of Out-patient Hospital Administration, can be obtained from H. K. LEWIS, 136 Gower Street, W.C. Price 1s.

PROVIDENT DISPENSARIES.

RULES

Suggested by the Medical Sub-Committee, and approved by the Council of the Charity Organisation Society, for the Establishment and Management of Provident Dispensaries.

N.B.—The following scheme for Provident Dispensaries is considered the only practicable one at present. The Sub-Committee believe that a general adoption of these Rules will soon supply data for establishing self-supporting Dispensaries on strict principles of Mutual Assurance, managed by the members themselves. In the meantime, aid in the form of time and money will be required from the wealthier classes to help on that desirable end.

I.

- (1) Name of Dispensary.
- (2) Boundaries of District.

II.—OBJECT.

The object of the Dispensary is to enable such persons in the district as cannot pay for medical attendance at the usual charges, to secure for themselves and their families the advantage of medical attendance, advice, and medicine during illness.

III.—MEMBERS.

The Members shall be persons whose income is proved to the Committee of Management to be insufficient to pay for medical attendance at the usual charges (see Appendix A), and are not in receipt of Poor Law relief. Persons who have become temporarily disqualified, owing to the receipt of Poor Law relief, may be reinstated on their ceasing to receive such relief. (See Rule III. 2.)

1. *Application for Membership.*—Any applicant for Membership must state his or her name, age, residence, occupation, and average earnings of self and family, and

must deposit one month's subscription, which will be returned if the depositor be not accepted as a Member. If approved of by the Committee, the applicant will be admitted a Member at the end of the month; but if the applicant is actually suffering from illness requiring medical treatment, he or she must pay an entrance fee of five shillings and one month's contribution. And in the event of any other member of the family requiring medical advice before the expiration of the probationary month, a further sum shall be paid by each amounting to one-half of the entrance fee.

No application for Membership from a married man or woman shall be received unless all the children under fourteen years of age join at the same time. Children under five years of age cannot be admitted unless entered with one of their parents or a guardian.

2. *Payments.*—The payments shall be made monthly in advance, and in the event of any Member who has paid his subscription becoming a recipient of Poor Law relief, he shall continue to receive the benefits of the Institution until his subscription shall again become due.

The following scale of payments is suggested:—

				Town, per month	Country, per month
A. Adults over 18	.	.	.	6d.	4d.
B. Young persons (14 to 18)	.	.	.	4d.	4d.
C. Man and wife	.	.	.	10d.	8d.
D. Children under 14.	.	.	.	2d.	2d.

Not more than four children under 14 years of age shall be charged for in any one family. Any others under that age shall be free.

NOTE.—In order to facilitate the collection of Members' payments, it is suggested that cards of four different colours should be issued; so that one-fourth of the Members (holding cards of a certain colour) shall come up to pay each week. These sums, when paid, shall be acknowledged by an officer of the Dispensary, on cards to be kept by the Members. A man and wife and their children under 14 years of age shall have one card only.

3. *General Attendance by Medical Officers.*—Every Member may choose a Medical Officer from the Dispensary Staff, but no change can take place during illness without the consent of the Committee of Management.

All patients who are able must attend at the Dispensary at the appointed times, bringing their cards and prescription papers with them. Children of Members will be vaccinated without any charge. Patients must find their own bottles, phials, cups, &c.

NOTE.—In some Dispensaries it might be desirable to charge for vaccination and re-vaccination.

Patients too ill to attend at the Dispensary must send their cards before 9 o'clock in the morning to the residence of the Medical Officer they have chosen, who will see them at their homes.

In cases of sudden illness or accident, Members will be attended at any time on sending their cards to any one of the Medical Officers.

4. *Attendance in Confinements.*—Female Members of three months' standing may be attended in their confinements by one of the Medical Officers on paying at the Institution not less than 15s. in London and large towns, and 10s. 6d. in rural districts, one month previously; or the money may be paid by instalments of not less than 2s. 6d. each, the last of which is to be paid a month previous to confinement. If the attendance of a Medical Officer is required in a premature confinement by a Member, she must pay the full fee of 15s. or 10s. 6d., as the case may be, or any part of it remaining unpaid at the time of sending.

Members may have the attendance of the midwife on payment of 5s. The payment must be completed one month before confinement, either by one payment or by two instalments. Members of less than three months' standing must pay 7s. 6d.

5. *Dentist.*—Every Member may have the assistance of the Dentist at such times and for such fee as the Committee of Management shall direct.

6. *Notice of Withdrawal from the Dispensary.*—Notice

shall be given by the Members to the Honorary Secretary of their withdrawal from the Dispensary in consequence of leaving the district, and Members who have complied with this rule will be re-admitted, on their returning to the neighbourhood, without payment of arrears. Members discontinuing their payments for more than three months, from neglect or from removal, without having given notice, shall cease to be Members, except on such payment of arrears or other terms as the Committee of Management may think just.

7. *Fines*.—No Member who is in arrear will be entitled to the benefits of the Institution. Members in arrear must pay fines as follows—2*d.* for the first month, 4*d.* for the second month, and 8*d.* for the third month, in addition to the arrears.

8. *Powers of Members*.—Adult Members of one year's standing shall be eligible to serve on the Committee of Management and to vote at General Meetings. (See Rule VII.)

IV.—HONORARY SUBSCRIBERS.

The Honorary Subscribers shall be the contributors to the Subscribers' Fund of the following amounts:—Five guineas for a Life Subscription, and half-a-guinea and upwards for an Annual Subscription. The powers are described under the head of 'Management,' Rule VII.

V.—FUNDS.

There shall be two distinct Funds, to be called the 'Members' Fund' and the 'Honorary Subscribers' Fund,' respectively.

The *Members' Fund* shall consist of the periodical and other payments, except those for confinements (see Rule III. 4), made by persons entitled to the benefits of the Dispensary, who shall be called 'Members.'

The *Honorary Subscribers' Fund* shall consist of the contributions of friends of the Institution, who shall be called 'Honorary Subscribers.'

The Members' Fund, after deducting 15 per cent., shall

be paid to the Medical Officers, in the proportions mentioned in Rule VIII. 4.

The Honorary Subscribers' Fund, with the addition of at least 15 per cent. of the Members' Fund, shall defray the expenses of management, drugs, and medical appliances, and shall supplement the midwifery fees paid by Members (Rule VIII. 4), and may, when there is a surplus, provide admission to Convalescent Institutions to those Members who require it, and may also assist in providing medical comforts and instruments (e.g. trusses) to patients.

VI.—OFFICERS.

Attached to the Dispensary there shall be Trustees, a Treasurer, a Committee of Management, an Honorary Secretary, Auditors of Accounts, Medical Officers, a Dispenser of Medicines (whose duties might in some districts be combined with those of a Resident Medical Officer), a Midwife, and such paid assistants as may be necessary; and all Officers shall continue in office till one month after the General Meeting, or until their successors are appointed, subject to the provisions of Rules VII. 6 and 7, VIII. 2, and IX.

VII.—MANAGEMENT.

The Dispensary shall be managed by Subscribers of not less than three months' and a limited number of representatives of the adult Members of not less than one year's standing.

1. *Trustees*.—The property of the Institution shall be vested in Trustees (See Rule VII. 6. *d.*) for the use and purposes of the Institution, subject to the control and at the disposal of the Committee of Management.

2. *Treasurer*.—The Treasurer (Rule VII. 6. *d.*) shall receive all moneys paid on account of the Institution, and shall disburse the same on the order of the Committee of Management. He shall keep his accounts according to Rule XII.

3. *Committee of Management*.—At least ten persons shall be specially selected to serve on the Committee of Manage-

ment (see Rule VII. 6. *d.*), of whom not less than one-half shall be Honorary Subscribers, and the remainder Representative Members. In addition to these the Treasurer, Honorary Secretary, Medical Officers and Dentist shall be *ex-officio* Members of the Committee. Three shall form a quorum. The Committee of Management shall superintend, manage, and conduct the business of the Institution. It shall keep accurate minutes of all its transactions, containing cash accounts of receipts and payments. It shall appoint the Medical Officers and Dentist, subject to the confirmation of the General Meeting or an Extraordinary General Meeting. It shall have power to appoint and dismiss the Dispenser, Midwife, and other paid assistants not mentioned by name in Rule VI. It may also suspend any other officer for neglect of duty, and temporarily appoint another in his stead, and shall report thereon within fourteen days to the General Meeting, or to an Extraordinary General Meeting: but in carrying out this clause, action shall be taken by the Committee of Management only when at least two-thirds of its Members are present. The Committee of Management shall also report to the General Meeting on the transactions, state, and progress of the Institution.

4. *Honorary Secretary.*—The Honorary Secretary shall act under the instructions of the Committee of Management. He shall give eight days' notice by circular to the Honorary Subscribers and Representative Members of any General Meeting, and of any Extraordinary General Meeting, and shall post up a notice at the Dispensary for the same period. He shall be responsible for the receipts, and shall pay over to the Treasurer all Members' payments, together with all other moneys coming to his hands in behalf of the Dispensary; and he shall keep accounts of all such receipts and payments, according to Rule XII.

5. *Election of Representative Members.*—The adult Members of one year's standing shall meet once a year at such time and place as the Committee of Management shall appoint, for the purpose of electing from their own body a limited number of Representatives (the number to depend on the number of 'specially elected' members of

Committee of Management:—see Rule VII. 3.) to serve on the Committee of Management and vote at General and Extraordinary General Meetings during the ensuing year. One claim only for a vote shall be recognised for a family card. The Honorary Secretary, or other Honorary officer of the Dispensary, shall be present at the Election to represent the Committee of Management.

6. *General Meetings.*—A General Meeting of the Honorary Subscribers and the Representative Members shall be held annually in the month of ———, and nine shall form a quorum. The objects of the meeting shall be—

a. To receive the Report of the Committee of Management on the transactions and state of the Institution.

b. To receive the Medical Officers' Report.

c. To receive the Auditors' Report.

d. To appoint the Committee of Management, Trustees, Treasurer, Honorary Secretary, Auditors of Accounts, and to confirm or otherwise determine the appointment of the Medical Officers and Dentist for the ensuing twelve months.

e. To revise, modify, or alter, if need be, the Rules of the Dispensary. One month's notice of any proposed alteration shall be given to the Honorary Secretary.

f. To transact the general business of the Dispensary.

7. *Extraordinary General Meetings.*—An Extraordinary General Meeting of the Honorary Subscribers and the Representative Members may be held at any time upon the requisition in writing of nine voters, of whom not less than five shall be Subscribers; such requisition to state the object of the meeting, and to be delivered to the Honorary Secretary. Extraordinary General Meetings shall have all the authority and powers of General Meetings. Eight days' notice shall be given by circular to the Honorary Subscribers and Representative Members of any such Meeting.

VIII.—MEDICAL OFFICERS.

1. *Number.*—There shall be a Consulting Physician, a Consulting Surgeon, and a Consulting Physician Accoucheur, and a sufficient number of Medical Officers in

ordinary; all of whom shall be duly qualified and registered. (See Appendix B.)

2. *Appointment.*—The Medical Officers shall be appointed annually, or when a vacancy occurs, by the Committee of Management, subject to confirmation within a month by the General Meeting, or an Extraordinary General Meeting. Medical Officers shall be considered eligible for re-election for ten successive years, but not longer, unless in the opinion of the Committee of Management, there is no other suitable candidate for the post (see Appendix B). Canvassing at the appointment of any Medical Officer is disallowed, and will disqualify for election.

3. *Duties.*—One of the Medical Officers shall attend daily at the Dispensary at the hours appointed by the Committee of Management; and if a Member is prevented from attending by illness, the Medical Officer selected by that Member shall attend at his or her place of abode. They shall attend Members (entered under them) in their confinements, who have paid the midwifery fee to the Honorary Secretary; or, in case of premature confinement, Members of three months' standing who pay the fee at the time of sending. They shall assist the Midwife in cases of difficulty, if she should require them. They shall keep an accurate register, according to a prescribed form (see Rule XV.), of all cases treated by them, and report to the General Meeting on the statistics of health of the Members. They shall inspect and check with their signatures the orders for drugs and the drug bills. (See Rule X. 2.) No operation of importance shall be undertaken without a consultation with one or more of the Dispensary Staff. They shall undertake to give three months' notice of leaving.

4. *Remuneration.*—The remuneration of the Medical Officers in ordinary shall consist of the Members' Fund (after deducting at least 15 per cent.) to be divided amongst them half-yearly at Midsummer and Christmas, by the Committee of Management, in proportion to the amount received from the Members who have selected them. For every case of confinement which they attend, under Rule III. 4, they shall receive the fee paid by the Member, and, in

addition, six shillings from the Honorary Subscribers' Fund; and for every case which they attend at the requisition of the Midwife (Rule XI. 2), they shall receive ten shillings and sixpence from the Honorary Subscribers' Fund. It is also recommended that the Consulting Officers be paid, when their services are required, from the said fund.

The Honorary Subscribers' Fund, however, ought not to be had recourse to for the payment of midwifery or consultation fees when the patient is able to pay them.

IX.—DENTIST.

A duly qualified Dentist shall be appointed annually by the Committee of Management, subject to confirmation within a month by the General Meeting, or, when a vacancy occurs, by an Extraordinary General Meeting. He shall be eligible for re-election for ten successive years, but not longer unless there is no other suitable candidate for the post. He shall attend at the Dispensary or elsewhere, and at such time as the Committee shall direct, to treat dental cases occurring among the Members, who shall pay according to a moderate fixed tariff approved by the Committee of Management.

X.—DISPENSER.

1. *Qualifications, Appointment, Salary, Dismissal.*—A Dispenser, who, if possible, should be a person registered under the Pharmacy Act, shall be appointed by the Committee of Management, at such salary and giving such security as the Committee shall determine, and may be dismissed at their discretion at a special meeting of the Committee called for that purpose, on payment to him of a proportionate amount of his salary. In large Dispensaries the Dispenser might be a qualified medical man.

2. *Duties.*—He shall attend the Dispensary daily, at and for such time as the Committee shall determine. He shall take charge of the drugs and appliances. He shall faithfully compound and dispense medicines to the Members of the Dispensary according to the prescriptions of the Medical Officers—delivering them with printed, or plainly-written,

labels of directions. He shall from time to time prepare a list of whatever drugs &c. may be wanted for the Dispensary, and enter the same in a book, which, with the order for the same, shall be signed by two of the Medical Officers; and all bills for drugs &c. shall be examined with such order-book, and signed by the Dispenser and Medical Officers; and the order-book and bills shall be laid before the Committee of Management at its meetings.

XI.—MIDWIFE.

1. *Appointment.*—The Midwife or Midwives, who should be duly qualified, shall be appointed by the Committee.

2. *Duties.*—To attend all Members in their confinement who have an order from the Honorary Secretary requiring her attendance. To report to the Medical Officers of the patient so attended on a prescribed form; and, in case of premature confinement, to attend Members who pay 5s. to her at the time of sending, unless they are Members of less than three months' standing, when they shall pay her 7s. 6d. Sums received by her in this way shall be handed to the Honorary Secretary or Treasurer within one week. In all cases of difficulty she shall send for the Medical Officer under whom the Member is entered. (See Appendix C.)

3. *Remuneration.*—For each case of confinement so attended she shall receive 5s., unless in case of a Member of less than three months' standing, when she shall receive 7s. 6d.

XII.—ASSISTANTS.

Such paid assistants as Assistant-Secretary, Collector, and Attendant, shall be appointed by the Committee of Management, as may be required; and in some localities the two former of these offices might be combined with that of Dispenser.

XIII.—ACCOUNTS AND AUDITORS OF ACCOUNTS.

The Treasurer shall keep a Debtor and Creditor account with the Committee of Management. The Honorary Secretary shall keep two distinct accounts: 1. The Members' Fund

Account; 2. The Honorary Subscribers' Fund Account. The Auditors of Accounts shall annually, prior to the General Meeting, audit these accounts, and shall call for and inspect all Books and Vouchers and Documents relating thereto; and shall report the state of the Books and the financial position of the Institution to the General Meeting.

XIV.—ANNUAL REPORT.

The Annual Report shall be drawn up according to a prescribed Form, and the following particulars shall be returned.

1. Number of Members.
2. „ Medical Officers.
3. „ New Members inclusive of those admitted during illness.
4. „ Members admitted during illness, and Names of Diseases.
5. „ Attendances of Patients at the Dispensary.
6. „ Visits at Homes of Patients, exclusive of Midwifery cases.
7. „ Midwifery cases.
 - a. Attended by Medical Officers.
 - b. „ „ Midwives.
 - c. „ „ „ assisted by Medical Officers.
8. „ and Causes of Deaths.
9. Income.
 - a. Periodical Payments of Members.
 - b. Honorary Subscriptions and Interest.
 - c. Payments of Members for Midwifery.
10. Expenditure.
 - a. Payments to Medical Officers.
 - b. „ „ Midwives.
 - c. Dispenser's salary.
 - d. Rent, rates, furniture, &c.
 - e. Drugs.
 - f. Payments to Assistants.

XV.—PRESCRIBED FORMS FOR MEDICAL OFFICERS' REPORTS.

Every Medical Officer of the Dispensary shall be provided with, and shall keep posted up, a Book containing a prescribed Form, to be called the *Daily Register of Cases*; from which he shall fill up and sign, *for each week* (by an early day in the following week to be appointed by the Committee of Management), a Form to be called the *Weekly Return of Sickness*. Each Medical Officer shall also keep a record of the Midwifery cases occurring among the Members who are entered under him, whether they are attended by the Midwife or by himself, which shall be called *The Register of Midwifery Cases*. (For suggested Forms and Notes, see Appendix D.)

APPENDIX TO RULES.

A. (to Rule III.)

The qualifications for Membership must vary in different places. In London, families earning not more than 30s. a week are suggested as suitable for admission as members; but in the case of large families a higher rate of wages should not disqualify for membership. The correspondents who have sent their views to the Committee are in favour of a liberal scale of admission—the majority being of opinion that small shopkeepers, artisans, labourers and domestic servants whose yearly wages do not exceed £15, may be considered as suitable Members, unless the Committee of Management is satisfied that they are able to pay the usual charges for advice and medicine.

B. (to Rule VIII. 1.)

As long as the Medical Officers in ordinary can only be partially remunerated for their services, their number should be limited; but to prevent injustice to others the Rule provides that they shall be eligible for re-appointment only for a term of years. With the same

view the Committee also suggest, that one Medical Officer be appointed for not more than 1,500 Members, and that partners in a firm of Surgeons be considered ineligible to serve at the same time. The Committee confidently expect that, as these Dispensaries gradually become self-supporting, it will be possible to add largely to the Medical Staff, and in some districts to include all the resident legally qualified medical men who are willing to perform the duties.

C. (to Rule XI. 2.)

A more general employment of qualified Midwives, under the supervision (if necessary) of a medical man, should be encouraged. They should, before the fee is paid, furnish the Medical Officer of the Patient, in writing, with sufficient information regarding each case which they attend, to enable him to fill up the columns in the *Register of Midwifery Cases* (Appendix D).

D. (to Rule XV.)

I. The *Daily Register of Cases* should contain columns for the following:

- (1.) Date. (2.) No. of Member's card. (3.) Name of Patient. (4.) Residence. (5.) Sex (M or F). (6.) Age. (7.) Married (M) or single (S). (8.) Occupation. (9.) Disease—*a* primary, *b* secondary. (10.) Date of Attack. (11.) Number of Times seen (*a*) at Dispensary (*b*) at Home of Patient. (12.) Result. (13.) Duration of the Disease.

NOTES.—Cases should be entered afresh *every week*, but under no circumstances should one *persisting disease* be entered as a new case. When a case, under treatment in a former week, presents itself, the Name, with a reference to date when last seen, will be sufficient for all the columns from (1) to (10).

(9.) *Diseases*.—When *secondary* forms of disease supervene, their names, and if operations are performed, their nature, should be written under the primary disease in the week when they occur. Name of disease should not be entered too soon—rather, if not sure of its nature, leave a blank, and when the true name is known insert it. If a *new* disease supervene on another disease, with which it has no connection, it should be entered as a *new* case.

(10.) *Date of Attack* can only be given approximately in many cases. In eruptive diseases calculate from the first symptoms, and

not from the day of eruption. In infectious diseases the date of known infection may also be written under the date of attack.

(12.) *Result*.—If the case is not terminated at the end of the week write 'continued.' If a patient under treatment should change his residence he should be referred to a Provident Dispensary in the District where he settles. This would prevent cases being lost sight of.

(13.) *Duration of the Disease* in days, hours, or minutes, according to its length. The duration of secondary diseases should not be neglected.

II. The *Weekly Return of Sickness* may be deduced from the *Daily Register of Cases*, and should show at least—

- (1.) The Number and Nature of *new* Cases of disease occurring during the week. (2.) The Number and Nature of Cases under treatment at the end of the week. (3.) The Number and Causes of Deaths during the week. And (4.) Remarks and Suggestions of Medical Officers.*

III. The *Register of Midwifery Cases* should have columns for the following:—

- (1.) Name. (2.) Residence. (3.) Age. (4.) Married (M) or (S). (5.) Number of Children previously. (6.) Number of Miscarriages. (7.) Duration of Pregnancy. (8.) Presentation (*a*) of first child (*b*) (if twins) or second child. (9.) How Delivered. (10.) Date of Confinement. (11.) Duration of Labour (if possible, of first, second, and third stage). (12.) Condition of Child (*a*) alive or dead (*b*) sex. (13.) Post-partum Accidents. (14.) Initials of Medical Officer.

* The Forms recommended above can be obtained from H. K. LEWIS, 136 Gower Street, W.C.

REPORT

OF A

CONFERENCE ON OUT-PATIENT HOSPITAL RELIEF.

*Summoned by the Council of the Charity Organisation Society
in pursuance of the Sixth Recommendation of the Medical
Committee.**

A CONFERENCE was held on Tuesday, the 12th December, 1871, in the House of the Society of Arts, under the presidency of Mr. W. H. Smith, M.P., to discuss the best methods of checking the abuses now incidental to out-patient hospital relief, with special reference to the expediency of extending the provident principle. The Conference was well attended. Amongst the persons present were:—Mr. W. H. Smith, Right Hon. J. Stansfeld, Sir Charles Trevelyan, Mr. Henry Pownall, Mr. Fairlie Clarke, Dr. Macfarlane, Dr. Mackenzie, Dr. Aldis, Mr. Samuel Gurney, Mr. Gurney Hoare, Mr. Chas. Hoare, Hon. W. W. Vernon, Col. Fremantle, Lord J. Percy, Rev. Harry Jones, Hon. A. Kinnaird, M.P., Rev. J. F. Kitto, Mr. E. Enfield, Mr. E. W. Hollond, Mr. A. H. Hill, Mr. C. d'A. Orred, Dr. Sibson, Dr. Bridges, Dr. Guy, Dr. Ford Anderson, Mr. T. F. Buxton, Mr. T. Holmes, Mr. G. Cowell, Rev. Harvey Brooks, and Rev. T. E. Platten.

Mr. W. H. SMITH, M.P., said, in opening the proceedings: 'It is perhaps right that I should say one word for the Executive of the Association upon a point which fills all our hearts and occupies our feelings at the present. I mean the illness of H.R.H. the Prince of Wales. The Executive has been thinking whether it would be expedient that the question for discussion should be postponed; but it has

* Supra, p. 10.

been felt that it is not a subject which it is undesirable to consider at a period when men's hearts are filled with sorrow, and when perhaps they are more ready to consider the means of averting sickness and disease than in a period of general and complete prosperity. I am sure the feeling which we all have is one of very earnest hope, if not of very sanguine hope, that his Royal Highness may, by the blessing of God, be brought through the terrible illness with which he is afflicted.' (Hear, hear.) The question for discussion was one which had occupied the minds and hearts of the most charitable, and, he would venture to say, the wisest of the men who had been engaged for very many years in the work of attempting to heal sickness and minister to the wants of those who were suffering. In the year 1854 Dr. Guy read a paper in the Statistical Society, in which he drew attention to the magnitude of the work which was going on in connection with the London Hospitals, and to the want of regulation, of system, of organisation in the administration of charity at the Hospitals. Nothing, however, had been done, and it was now felt by all those who had been most intimately concerned in the administration of those charities, that some system should be devised by which the wants of those who were sick and suffering should be relieved, while the largely pauperising element, mixed up with the present arrangements, should be, if possible, removed. Practically the out-patient wards of the Hospitals were open to all comers. No matter how many patients sought relief, no matter whether the sickness was severe or light, no matter whether the means of the applicants were large or small, they appealed to the physician or surgeon, and they were seen in their turn. It was impossible to deny that there were great evils mixed up with this work of charity. Very many persons were brought together, some suffering under severe illness, some slightly indisposed, some suffering from that imaginary malady which many of us were afflicted with from time to time, and which required a little fresh air and exercise. But there could be no question whatever that one great evil existed — that acute sickness was brought into contact

with persons who were predisposed to acquire sickness, and that the seeds of disease were spread from the outwards all over the metropolis. That was a matter which he feared was lost sight of by many persons, but which was no imaginary evil and danger. (Hear, hear.) There was another evil existing which was also a very serious one—namely, the absence of check and control of sifting of the patients, so as to distinguish between persons who possessed means and who ought to make provision against the time of sickness and those who were really objects of charity. (Hear, hear.) He had himself had much experience of the great difficulties with which the most respectable and independent of the working classes of London had to contend in being called upon to pay bills for medical attendance, amounting to £5, £10, and in some cases £30. It was impossible not to feel that it was very hard for those who earn 30s. or £2 a week to pay such bills. (Hear, hear.) Some system, some organisation or arrangement, was therefore necessary under which an independent working man in the metropolis or in any part of the country could find for himself and his family at his own proper cost, without loss of independence or self-respect, provision for the day of sickness. He would not indicate the way in which that provision should be made, but he could not help pointing out that, on the one hand, there did exist a vast amount of evil and danger to health from the present system, and that, on the other hand, there did not exist means by which the working man—the individual who was not a pauper, but who was not in receipt of a considerable income—could make provision for his necessities in time of sickness. (Hear, hear.) There was no machinery now in existence whereby such provision was made consistently with the self-respect and health of the individual and his family, and the question was one of wide interest and importance to the future welfare of the country. (Hear, hear.)

Letters expressing regret for inability to attend had been received from the Earl of Lichfield, the Earl of Derby, the Bishop of London, and others.

Mr. FAIRLIE CLARKE, of Charing Cross Hospital, as

Hon. Sec. of the Medical Committee of the Charity Organisation Society, then made the following statement with reference to the subject of the Conference. He said: 'In order to show those who have no personal acquaintance with the management of Hospitals the magnitude of the evils of which we complain, let me lay before you a few statistics to indicate the number who use our out-patient hospital relief, and the proportion which they bear to the population. In compiling these statistics I have obtained my information either from the secretaries of the Hospitals themselves, or from the returns given in the 'Medical Directory.' I have endeavoured, as far as possible, to avoid sources of error, and I have tried to ascertain the number of individuals (not of attendances) treated at each Hospital. I find that last year the out-patients treated at 15 general Hospitals were 590,151; 34 general dispensaries, 305,491; 39 special Hospitals and dispensaries, 261,374: total, 1,157,016. This is exclusive of 17 Hospitals and dispensaries which make no return, and of course it is exclusive also of those who are assisted by the medical services of the Poor Law. I think, sir, that if this figure is anything like correct, it represents a percentage upon the population which is far larger than can be considered fit objects for gratuitous charitable relief. I said a moment ago that in preparing these statistics I had endeavoured to avoid sources of error; but there are some sources of error which it is impossible to eliminate. Thus, some of the out-patients may have been sent up from the country; some may have been entered two or three times in the same year for different illnesses; some may have been attending more than one Hospital at the same time. To allow for these cases, let us say that the number of out-patients is one million. But if anyone thinks that the deduction of 150,000 is not sufficient, I am willing for argument sake to make still further allowances, because if we even state the figures as low as 820,000, it would still form a quarter of the three millions and a quarter at which the population of London is estimated—i.e. it would show that one person in four is receiving gratuitous medical treatment. Now, sir, I cannot think that our social state is so bad, that our

national industry is at such a low point, that one-fourth of our population would be correctly described as the "really indigent," the "necessitous poor," for whom these institutions are intended. (Hear, hear.) But this is not all. Not only have the numbers attending the out-patient department reached this enormous figure, but the rate at which the increase has proceeded is very serious. In order to ascertain what has been the increase in a generation, I have made enquiries at most of the Hospitals which were in operation before 1830, and I have obtained the following striking statistics. The Hospitals I applied to were St. Bartholomew's, St. Thomas's, Guy's, the London, Middlesex, St. George's, Westminster, Charing Cross, Moorfields Ophthalmic, and the Royal Hospital for Diseases of the Chest. Of these Guy's and Middlesex could give no reliable information. At the eight other Hospitals the total number of out-patients in 1830 was 46,435. In 1869 it had risen to 277,891. During that period of 39 years the population of the metropolis had a little more than doubled, while the attendance at these eight Hospitals had increased more than fivefold. But it will make the rate of increase still more apparent if I mention that at the same eight Hospitals there were, in 1870, 43,368 more out-patients than in 1869. These eight Hospitals were chosen simply because they were in operation in 1830. If I had been minded to select examples in which the increase from 1869 to 1870 had been the greatest, I might have made my figures still more telling. As six of these Hospitals are general and two special, I think they may be taken as a fair specimen of the whole. Now, of this enormous number there can be no doubt that many are able to pay the charges of a local practitioner, while a still larger proportion are in a position to pay the 8s. or 10s. a year which is all that the Provident Dispensary demands. I suppose we shall all agree that the former class ought not to be admitted to the Hospital at all. Here let me mention that the Charity Organisation Society will gladly undertake to investigate all doubtful cases, as it has already agreed to do for St. George's Hospital. But how are the latter class to be dealt with?

This, as it seems to me, is the very point of our conference. Is it desirable that they should be induced to flock year after year to our Hospitals in ever-increasing numbers; or would it not be better to encourage them to enrol themselves in provident dispensaries, where they would obtain by their own small but regular payments the medical advice and attendance that they may require? The Charity Organisation Society considers that there can be no doubt that it would be best to extend the Provident System. I suppose that all who are present are familiar with the idea of a Provident Dispensary. It is an institution which receives all comers—men, women, and young persons alike—who secure for themselves by small but continuous payments medical attendance and medicine when they are ill. It is, in fact, a mutual assurance against sickness, conducted in part on a commercial footing, but at present needing to be supplemented by the charitable. Such institutions as these were originated about forty years ago, and they have been tried in various parts of the country, as well as in the metropolis. In the manufacturing districts they have flourished the most. In London there are about a dozen: but here, at least in the central districts, they have been placed in such unfair competition with the free charities that it is not to be wondered at that they have not proved so successful. When there were Free Hospitals on every side eager to receive him, it was scarcely in human nature that the artisan should volunteer to pay for that which he could easily obtain for nothing. Yet, if we would not pauperise our working classes by encouraging them to rely on others for medical relief, some form of co-operation such as we have described must be adopted. The success of the movement in other places shows what might be looked for in London, if the provident principle had a fair chance. Let us take the case of Derby. The population is about 44,000. It has, of course, the medical service of the Poor Law; it has an excellent county infirmary; but besides these, there are also two provident dispensaries. The one, which has been in operation 40 years, has 4,900 enrolled members; the other, which has only been in existence a few months, has

already 1,100 on its books. Hence it will be seen that about one in seven has found the provident institution suited to his wants. I have instanced Derby because I have some personal acquaintance with the town, and because I have been able to obtain some recent information; but other towns would have served equally well to give point to my arguments. Now if the same proportion which we find in Derby avail themselves of the provident dispensary were to do so in London, with its population estimated at three millions and a quarter, over 464,000 would be so enrolled, instead of which there are only 25,000 on the books of the existing provincial dispensaries. In Derby there are two such dispensaries in a population of 44,000; if London is to be equally well supplied, there should be 130, instead of only the eleven which now exist. I know not, sir, how these figures may strike this meeting, but to me it is quite refreshing to find there is even *prima facie* reason for supposing that many of those who have hitherto sought gratuitous advice are willing to pay something for medical attendance, and that institutions which have hitherto been purely eleemosynary might be made almost, if not quite, self-supporting. With a view to extending the provident system in the metropolis, the Charity Organisation Society suggests that the existing free dispensaries should be placed on a provident basis. By this means a double good would be effected. The number of free medical charities, which is now excessive, would be somewhat diminished, while the means whereby the industrious poor might obtain good medical advice, on terms suited to their wages, would be increased. This step has already been taken at the Westbourne and Notting-hill Dispensaries. In districts where there is no dispensary a provident institution might be started with advantage. (Hear, hear.) The Association also proposed that the provident associations should be affiliated to the Hospitals, and that the members should thus have the advantage of hospital treatment whenever it was necessary. Mr. Clarke concluded by saying that the Association had no desire to bridle charity, but to prevent indiscriminate charity. (Hear, hear.)

Sir CHARLES TREVELYAN said: ‘My claim to stand here is that I belong to a Society which is endeavouring to grapple with London pauperism and to give it a Cornish throw. Having undertaken such an audacious task, it became our duty to investigate the conditions and causes of this awful problem, and we soon arrived at the conclusion that the existing system of gratuitous, indiscriminate medical relief was one of the most powerful of those causes. Other modes of relief only affect the poor, but this includes every class of society except the highest, and educates them to habits of dependence, while those who are already pauperised are precipitated by it to a lower depth. It is a mistake to suppose that the class of *malades imaginaires* is only to be found among the rich. For one fine lady who pays her two or three guineas a week for the luxury of frequent conferences with her physician, hundreds of poor women are tempted by our medical charities to live upon drugs, tonics, and cordials, to the neglect of the real sources of health—regular employment, good food, cleanliness, and roomy, well ventilated dwellings. Clergymen and district visitors, in their visits to the poor, constantly see rows of phials, obtained from some one and some from another Hospital or dispensary, which are appealed to as evidence of a low state of health. “My doctor,” they say, “bids me do this or that.” Thus the abuse of medical relief works in with the abuse of other kinds of relief. But this whole system is breaking down by its own weight. With two or three exceptions, the Hospitals are all out at elbows. They are spending more than they get, and are constantly making lamentable appeals to be rescued from bankruptcy. How can it be otherwise? The burden to be borne is nothing short of the medical treatment of the entire community, with the exception of a narrow upper margin. The great bulk of the community who lie between those who pay the ordinary fees and those who can pay nothing at all, including the entire working class, are not only exempted from contribution, but matters are so arranged that they would find it difficult to contribute even if they wished to do so. However practicable it may have been in former times,

such a medical system is totally unsuited to the present vast population of London. Another evil arising from it is, that the medical profession is to a great extent unpaid. Gratuitous service is proverbially bad service; and it has always appeared to me highly honourable to our medical profession, and, through it to the nation itself, that, although in large part very insufficiently paid, they have performed their part in so conscientious and zealous a manner. We have lately incurred a liability of seven or eight millions in order that our military officers may have a fair day's pay for a fair day's work; and why not our medical men? It is a mistake to suppose that no practical evil arises from it. The excessive tendency of late years to establish odds and ends of special Hospitals, many of which are not really wanted, while they compete with and weaken the general Hospitals, can only be accounted for by the anxiety of young medical men, in the absence of a legitimate career, to bring themselves into notice and to make a practice for themselves. It is plain, therefore, that the case with which we have to deal is of a complex, chronic, pervading character, to which no partial remedy would be applicable. It is not confined to general Hospitals, special Hospitals, free dispensaries, or Poor-law dispensaries, but embraces all alike. In order to be effective, the remedy must be co-extensive with the disease. The key to this remedy we believe to be the conversion of the existing free dispensaries into provident dispensaries, and the establishment of a sufficient number of new provident dispensaries, so as to provide, *on the principle of association* which has been successfully applied to so many other objects, for the medical treatment of the great bulk of our metropolitan population, who are intermediate between those pay the ordinary fees and those who can pay nothing at all; and the affiliation of the provident and Poor-law dispensaries of each district with the general Hospital of the district. Our general Hospitals are our great reserve of medical and surgical skill and experience, our central consulting body and court of appeal for the entire medical profession, and our schools of medicine and surgery for the whole country. If the proposals now made do not increase the efficiency of these noble

national institutions, we are ready at once to abandon them. What we propose is, that the medical officers of the provident and Poor-law dispensaries should, on the one hand, send up to the general Hospitals of their respective districts cases of more than usual difficulty, and those requiring clinical treatment, while, on the other hand, the large class of trifling or imaginary ailments with which the out-patient departments of the Hospitals are at present over-burdened should be referred to the provident or Poor-law dispensaries. Another important change would be that when medical students had completed their course at the Hospitals, they would find in the dispensaries a suitable field for laying a foundation for their future professional reputation, earning in the meantime a professional income, which, though moderate, would in most cases suffice for their support. Lastly, this plan would supply what I believe is admitted to be a defect in the existing system of medical education. Although the Hospitals furnish plenty of interesting and difficult cases, they are deficient in examples of the every-day class of domestic complaints—measles, whooping-cough, teething, and the all-important category of midwifery cases. There is also an entire absence of experience of visiting the people in their own homes, which forms so large a part of the business of a medical practitioner. All this would be supplied if medical students were required, as part of their course, to take a turn at one or more of the dispensaries of the district, and to accompany the medical officers of the dispensary in their visits to the sick. There are, however, two indispensable conditions. First, the managers of the general Hospitals should lay it down as a rule that no person who can afford to pay shall be treated gratuitously, either in or out of the Hospital, and should adopt some practical mode of discriminating between those who can and those who cannot be expected to pay. We know from our experience in the Charity Organisation Society, that there is much less difficulty on this score than is generally supposed, and we are ready to place at the disposal of the Governors our enquiry officers, and all other means of information. When it is seen that cases will not be admitted to gratuitous relief

as a matter of course, persons who have any remaining self-respect will refrain from applying on that footing. Urgent cases will, of course, be admitted, as at present, without question; and accommodation of a superior kind should be provided in the Hospitals for persons who can afford to pay liberally, and who may wish to avail themselves of the first-rate medical, surgical, and nursing skill which these institutions afford, according to the practice in the French and in some of the Anglo-Indian Hospitals. The other indispensable condition is that the Governors should not insist upon their privilege of securing gratuitous admission for their nominees. At present the heads of domestic establishments in the west, and of industrial establishments in the east and south of London, subscribe expressly for this purpose, and resent any attempt to impose limits upon their 'valuable patronage,' as some of them consider it. From this practice two lamentable consequences ensue: 1st, the income of the Hospitals is stinted by being deprived of the contributions of the entire working classes and of no small proportion of the class immediately above; and, 2ndly, the taint of dependence is inflicted on an immense proportion of these classes, whence it circulates through every vein of our social system. If any really useful improvement is to be attained, this great abuse of 'Governors' letters' must be got rid of, and people must subscribe from some less mercenary motive. The truly beneficent character of our general Hospitals is so universally admitted that it is quite unnecessary to appeal to secondary motives of any kind. All that is wanted is that the rich should give of their abundance to these, as they do to other charities, leaving those who are benefited to contribute according to their means, if they are able to do so, and, if not, to have the advantage as a gratuitous boon. When our medical institutions shall be placed, in the main, on a provident basis, our working people will be educated to foresight and frugality, as they now are to mendicancy and dependence.' Sir CHARLES then moved the following resolution:—'That this Conference is of opinion that there exists a great and increasing abuse of out-door relief at the

various Hospitals and Dispensaries of the Metropolis, which urgently requires a remedy.'

Dr. MEADOWS seconded the resolution. He said that the more he had studied the system of out-door hospital relief the more convinced he was of the great and glaring abuses existing in it. (Hear, hear.) Now, the proposed reform would affect the poor, the public, and the medical profession. In regard to the first, it was unquestionably the fact that the poor were now being gradually ousted out of the consulting-room by well-to-do persons; and he knew, as a fact, that persons in the possession of incomes of £1,000 a year came as out-patients to receive advice, and that the wives and daughters of men almost as wealthy actually borrowed their servants' clothes in order to apply as out-door patients. (Hear, hear.) That was an injustice upon the public, and not less so upon the medical profession, because, in fact, thousands and thousands of pounds were taken annually out of the pockets of practitioners, who were expected to give up hours every day in gratuitously advising persons who were perfectly well able to pay the usual fees. (Hear, hear.) The profession were perfectly convinced of the evils of the present system, and it hoped that the public generally would take the question up with the earnestness that it deserved. (Hear, hear.)

After some observations from Mr. POWNALL,

Dr. ROGERS expressed the opinion that until the medical relief of the poor was placed by the legislature on a proper footing, the abuses which had been referred to could not be remedied. The Local Government Board should be compelled to make proper provision for the medical relief of the labouring classes, the vast majority of whom earned very low wages.

Mr. E. W. HOLLOND said that he deprecated the tone which had been adopted by a previous speaker, to the effect that in putting our out-patient relief at the Hospitals upon a provident basis, we were taking away money from the poor. The fact was, that the charitable gifts of this and former ages had the effect—an effect which was well understood by many economists present, and which the Report of

the Royal Commission on the Poor Laws in 1834 proved most conclusively—of supplementing wages, or, in other words, running down the rate of the earnings of the poor. We were now, he remarked, in this country in a transitional state. We were gradually passing out from the feudal epoch, in which the small minority of the population, aggregating to themselves a larger share of the country's wealth than ought to be theirs, betook themselves to a system of almsgiving and charity, which really meant a patronage and protection by the rich of the poor, whose rights of liberty they were not ready to concede. The feudal epoch was now passing away, owing to the extension of liberty and the growth of the industries of the country. It necessitated an alteration of our social arrangements, and a reconsideration of the principles of charity. If we wanted to be up to our age, we must throw ourselves into the new movement, and attempt to place the patronising charities upon a provident basis. The change, no doubt, must be gradual, and he wished to call the attention of the meeting to the London Hospital Society, started by working men in the East of London. One penny a week constituted membership, and as the sums collected amounted to five guineas, Hospital governorships were purchased, each member of the society having the right to have a ticket of recommendation for himself and family in case of sickness. He supported the resolution, and ridiculed the notion that there was any antagonism between the laws of political economy and the principles of Christianity.

Dr. GUY bore testimony to the accuracy of the figures quoted by Mr. CLARKE.

The resolution was unanimously agreed to.

Dr. ACLAND moved the second resolution:—‘That, in the opinion of this Conference, the evils inseparable from the system of gratuitous medical relief administered at the outdoor departments of Hospitals and in Free Dispensaries can be in great measure met by the establishment on a large scale of Provident Dispensaries, not only in the metropolis, but throughout the kingdom, and by improved administration of Poor-law medical relief.’ He said that this resolution

appeared to him well suited to open up a very large question, which it would take a long time to discuss. He would therefore take two or three points for the consideration of this Conference. First of all, the evils of indiscriminate or ill-regulated medical charity, which had been ably described, depended upon complicated causes—no one remedy could relieve them. One remedy, doubtless would be found in Provident Dispensaries, using that term in a wide sense. It must, however, be borne in mind that the important Act of last Session, constituting the Local Government Board, had entirely changed the aspect of all questions of this nature. This Act virtually would bring into every corner of the country a complete sanitary organisation. It would do this through a powerful central office, but the working of it would rest with the people. The people would, in matters of this kind, manage themselves—they would not be coerced. To the guardians, or other local authorities, and to the parochial surgeons we must look for the everyday care of public health and medical relief. He thought too often hard things were said of both these classes of persons; they should be trusted, and, where necessary, carefully instructed by the Central Board. With all its faults, the Poor-law organisation of Great Britain was a mighty instrument for good. With the powers Mr. Stansfeld has, it will be far greater. He has, in fact, State Hospitals in every corner of the country. It might startle some, but the workhouse sick wards are substantially State Hospitals. They ought to be in some reasonable relation with county and subscriptional Hospitals—they should act in harmony. At St. Louis, on the Mississippi, he had visited a Hospital where there were three classes of sick. First, those sent at the charge of the Town Council to the common wards; second, those who were in the same wards, paying the lowest rate for themselves; third, those who made remunerative payment, and had separate rooms. Something of this kind is wanted, either at our workhouses or at other Hospitals. As to paying the staff of such institutions, he could not now discuss that point, nor the question of paying medical attendance on the poor. The great payment of the Hospital and

physician was the acquisition of knowledge and power, attainable no other way. It is through these means that the nation has one point of comfort and confidence now in the physicians at Sandringham. But, after all, the subject of national medical organisation is one involving questions of political economy, in the widest sense. He believed that in the present period of our national history, these questions would be answered only by the union of voluntary association, acting in correlation with the force of the Government. He considered it an epoch that an important Minister, such as Mr. Stansfeld, should have to-day, by his presence, recognised this principle. It was strange, he said, to have this discussion at this moment of the anniversary of the death of the good Prince Consort, his son's life now hanging in the balance. Both these national calamities seemed to come from preventable causes, which are at once the curse and opprobrium of our century. What, he asked, would be more worthy of a powerful Government, more in consonance with the national sentiment, than to make its first and cardinal measure the completest organisation for the prevention and curation of sickness? He hoped this Conference, supported by Mr. Stansfeld, might help to realise this end.

The Rev. J. F. KITTO seconded the resolution.

Mr. STANSFELD was then called on. He said: 'I feel that I owe almost an apology to this Conference for appearing here on this occasion. It has not, I think, been very usual that officials should make their appearance upon the occasion of a voluntary discussion of this nature. They may have been dissuaded from doing so from two motives. In the first place, they may have feared to hamper the discussion of a Conference, and, in the next place, they may have feared to commit themselves. Now, I think I need not make myself unhappy upon the former score, because I do not think that my presence, or the presence of anyone else connected with that which was the Poor Law Board, and is now the Local Government Board, has hampered your discussion to-day. (Hear, hear.) On the other hand, I have no apprehension of committing myself

by my presence or by anything that I may say, because I think it only respectful to you, and certainly it is due to myself, to reserve entirely my judgment, and only to have the advantage of carrying away with me from this meeting impressions, I will not say more valid, but more vivid and of greater value than I could otherwise have gathered. I will not for those reasons enter into any of the details of the discussion to which I have listened with so much interest and profit, but I should like to express my general sympathy with the views of those who have called the Conference together, and with the purposes of the Charity Organisation Society. I have given much and close attention to the question of pauperism, though only for a period of nine months. You, sir, and probably everyone whom I have the honour to address, have doubtless given a much longer attention to this great and important subject. But what has struck me has been this, the close connection between the problem of the best administration of national Poor Law and the problem of the best administration of the national voluntary charity of this country. (Hear, hear.) They are both, in one sense, a charity. The one is the organised, although not always the best organised, charity of the nation collectively. The other is that very complex system which is founded on the generosity and liberality of successive generations, to which this Society seeks to give something like an organisation fitting and suited to the necessities and exigencies of the time. Now, you have felt, and I have felt, this very strongly. The principle of the Poor Law is a very benevolent one; it is one that reflects immense credit on the country and its history, and it is this, that no subject of this realm shall suffer for want of the necessities of life—that if a case of positive necessity is brought home to those who have to administer the Poor Law, that that case, deserving or undeserving, must be relieved. (Hear, hear.) Well, in the administration of that law we have found—as you have found in the administration of charities—that it is open to very great abuse. It is a principle that we cannot abandon, any more than you can interfere with the motives and inducements of those who wish to give to those who

want; but it is a principle the carrying out of which must be watched with great patience and care (hear); so much so, indeed, that I believe a great many of those who have given their minds with the closest attention to the question of Poor-law administration, are almost inclined to say to themselves and the public that the main function of those who have the administration of that law is to take care to do as little harm as possible. (Hear, hear.) Now I know that that is a very great and difficult function, and it is one which occupies my daily thought. But I am not prepared, and you have shown that you are not prepared, to be content with such a solution of the Poor-law difficulty, or of that of the administration of voluntary charity. (Hear, hear.) To be content with such a solution, so far as the Poor Law is concerned, would be simply to apply the work-house test, and to refuse out-door relief, no matter how much required or what the exigency of the case; and to the administration and organisation of voluntary charity, to give the attempt up altogether. I hold such philosophy to be wholly insufficient for the facts with which we have to deal (hear, hear), and with the conditions of mind and belief, fortunately, of our country. I am fully conscious of the extreme difficulty of the problem. It is a problem, as has been well said, of very great complexity. Our first duty in administering a charitable law, or great voluntary charities, is, as far as possible, to take care we do not do mischief, whilst actuated by a desire to do good. It is, I say, necessary that we should carry our labours a step farther, and endeavour, by every amount of consideration and effort that may be necessary in devising an organisation, to do something more than minimise the evils of a system which is intended to work positive good. Now, while it is hardly fitting that I should deal with the details of the question, I should like to say I am unable to see how, so far as the administration of the Poor Law is concerned, we can succeed in solving our problem without your assistance. I think there are relations between the administration of the Poor Law of this country and the administration of its voluntary charities which are beginning to dawn upon people's minds,

but to which we do not see our way quite clearly as yet. But they will have to be considered, if we would in the future make even the administration of the Poor Law adapted to the conditions and exigencies of the time. (Hear, hear.) And I look with great sympathy upon the establishment and operation of the Charity Organisation Society, because it has set itself to that task. I trust that those who conduct its operations here and elsewhere will endeavour to think out that part of the subject, and I can only assure them, so far as the department with which I have the honour to be connected is concerned, that I shall always be ready, and more than ready—thankful—to discuss with them any practical proposals which may occur to them with that object in view. (Hear.) You must allow me to refer for a moment to the observations which have been made by Dr. Acland. While not accepting the high eulogium which he was pleased to pass upon me, I can say that my thoughts are given with no sparing of time or labour to the question of the administration of the department with which I am occupied just now, and also to the question of future legislation. (Hear, hear.) It is not for me, of course, to undertake to commit my colleagues upon the subject of the legislative measures of next Session, or to anticipate what may be the views of Parliament upon the subject; but I may, perhaps, say to you without indiscretion that, as far as I am myself concerned, I should be much disappointed if an opportunity were not to offer itself to me of putting forward some legislative proposals next Session upon the subject of the sanitary administration of the country (hear, hear), and that I am at this time busily engaged, at any rate, in putting into shape proposals which I hope to submit to my colleagues upon that subject. (Hear, hear.) The relations between the administration of the Poor Law and the administration of what may be called the health of the country are intimate and known to us all, and are evidently well understood by those who took part in the discussion to-day. I was very much struck by the suggestion of Dr. Acland, that it might be well in the organisation of the Hospitals and infirmaries, whether belonging to unions, or parishes, or to towns, that provision

should be made for the treatment in the same building and under the same management, not only of those who were professedly and acknowledgedly paupers, but also of the great mass of the community who could not afford at their own homes to secure the conveniences and accommodation which might be afforded to them in the Hospitals, even if they contributed somewhat to the support of those institutions. That suggestion shall have my careful consideration. (Hear, hear.) I do not propose to continue the discussion. I was desirous simply of accounting for my presence on this occasion, which I believe is not a very usual circumstance, but I may say I almost volunteered to come. I felt strongly the usefulness of this discussion. I was convinced that great good would come of it, and also that I should derive much more benefit from it by being here than by reading any report of the discussion, however full and accurate it might be. I have only to thank you for the kind manner with which you have listened to the few remarks which I have made. (Applause.)

The CHAIRMAN said he was anxious to state, before putting the resolution, that he was not in any way opposed to the Hospital system. What he was anxious for was that those excellent institutions should be made more efficient and more perfect in their administration for the relief of the sick poor than they now were. He had been asked to state that the Charity Organisation Society was ready to assist the managers of the Hospitals by making enquiries as to the cases registered in the books of their out-patient wards. He had taken some trouble some years ago to investigate such cases in connection with one large Hospital, and found that 20 per cent. of the cases so registered had given false addresses; so that it was impossible to trace them. The great object they all had in view was to do the greatest amount of good to the greatest number. They desired, so far as they could, to make the poor of the country self-reliant and self-dependent, to place them in a position in which they could depend upon their own wages for their own support, and for that purpose it was necessary to remove from them temptations, and to teach them to rely on their own strong

arms and their own providence, so that they might make provision for one of those contingencies of life to which all were exposed, and which it was as necessary to provide against as against fire or any other calamity which was common to all. (Hear, hear.)

The resolution was put and carried, and the proceedings terminated with a vote of thanks to the chairman.